

VA Home Based Primary Care (HBPC) Survey 1999

About Your Home Based Primary Care

Please read each question and fill in the circle that best describes your experience with Home Based Primary Care (HBPC) services.

Use blue or black ink pen, or pencil. Please do this: ●

Calling the Home Care Office

Please tell us about your experience when you called the HBPC Office.

1. Did you call and talk with someone in the HBPC Office during the past three months?

- ☐ Yes, once
- ☐ Yes, two or more times
- ☐ Tried but could not get through
- ☐ Never tried to call

2. What happened when you called the HBPC Office?
(You may choose more than one.)

- ☐ The phone rang many times before it was answered
- ☐ I talked to several different people before talking to the right person
- ☐ I left a message and no one called me back
- ☐ I was put on hold too long
- ☐ I got a busy signal
- ☐ I was disconnected
- ☐ None of the above
- ☐ I did not call the HBPC Office

3. How would you rate the courtesy of the person you talked to on the phone at the HBPC Office?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent
- ☐ I did not call the HBPC Office

Calling the Home Care Office (cont.)

4. Did the HBPC office help you with your problems?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Never tried to call

5. Did the HBPC office handle your problems in a reasonable amount of time?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Didn't have any problems
- ☐ Never tried to call

Your VA Home Care Registered Nurse

The VA HBPC Registered Nurse checks on your medical conditions and medications. The Registered Nurse would be the person that you would call if you felt you were getting sicker.

Please answer the next questions about your VA HBPC Registered Nurse.

6. Did you receive help at home from a VA HBPC Registered Nurse?

- ☐ Yes
- ☐ No
- ☐ Not sure

PLEASE CONTINUE

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

PRIVACY ACT STATEMENT

The information on this survey is requested by the VHA to assess veteran's perception of satisfaction with VA Healthcare. The information you supply will be confidential and protected by the Privacy Act of 1974 (5 U.S.C. 522a) and the VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b)). Disclosure of information involves releases of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Participation is voluntary; failure to furnish the requested information will have no adverse effect on any VA benefit to which you may be entitled.

YOUR VA HOME CARE REGISTERED NURSE

7. When you had important questions to ask your VA HBPC Registered Nurse, did you get answers you could understand?
- ☐ Yes, always
 - ☐ Yes, sometimes
 - ☐ No
 - ☐ I did not have any questions
8. Did your VA HBPC Registered Nurse give you clear instructions about how to take care of yourself?
- ☐ Yes, always
 - ☐ Yes, sometimes
 - ☐ No
 - ☐ Did not need instructions
9. Did your VA HBPC Registered Nurse give you clear instructions about how to take your medications?
- ☐ Yes, always
 - ☐ Yes, sometimes
 - ☐ No
 - ☐ I did not take any medications
10. Did you have confidence and trust in the VA HBPC Registered Nurse?
- ☐ Yes, always
 - ☐ Yes, sometimes
 - ☐ No
11. Did your VA HBPC Registered Nurse have a caring attitude?
- ☐ Yes, always
 - ☐ Yes, sometimes
 - ☐ No
12. Did your VA HBPC Registered Nurse treat you with respect and dignity?
- ☐ Yes, always
 - ☐ Yes, sometimes
 - ☐ No
13. Did you get all the VA HBPC Registered Nurse services you thought you needed?
- ☐ Yes
 - ☐ No

YOUR VA HOME CARE REGISTERED NURSE cont.

14. Overall, how would you rate the care you got from your VA HBPC Registered Nurse?
- ☐ Poor
 - ☐ Fair
 - ☐ Good
 - ☐ Very good
 - ☐ Excellent

YOUR OTHER VA HOME CARE PROVIDERS

*You **may** also have received care in your home from other VA **provider** (s). A provider may be a medical doctor, physician's assistant, nurse practitioner, dietitian, social worker, physical therapist, respiratory therapist, occupational therapist, speech therapist, kinesiologist or clinical pharmacist.*

Please answer the next questions about your other VA HBPC providers.

15. What other providers from the HBPC team gave you care at home? Choose from the list below. You may choose more than one.
- | | |
|--|---|
| <input type="radio"/> Clinical Pharmacist | <input type="radio"/> Physician's Assistant |
| <input type="radio"/> Dietitian | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Social Worker |
| <input type="radio"/> Medical Doctor | <input type="radio"/> Speech Therapist |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Other |
| <input type="radio"/> Occupational Therapist | <input type="radio"/> None |
| <input type="radio"/> Physical Therapist | |
16. When you had important questions to ask your VA HBPC provider(s), did you get answers you could understand?
- ☐ Yes, always
 - ☐ Yes, sometimes
 - ☐ No
 - ☐ I did not ask any questions
17. Did your VA HBPC provider(s) give you clear instructions about the exercises or other activities you were supposed to do?
- ☐ Yes, always
 - ☐ Yes, sometimes
 - ☐ No
 - ☐ No instructions required

PLEASE CONTINUE

YOUR OTHER VA HOME CARE PROVIDERS

18. Did you have confidence and trust in the VA HBPC provider(s)?

- ☐ Yes, always
☐ Yes, sometimes
☐ No

19. Did your VA HBPC provider(s) have a caring attitude?

- ☐ Yes, always
☐ Yes, sometimes
☐ No

Please go to Question 20

YOUR OTHER VA HOME CARE PROVIDERS

CONT.

20. Did your VA HBPC provider(s) treat you with respect and dignity?

- ☐ Yes, always
☐ Yes, sometimes
☐ No

21. Did you get all the home care services you thought you needed?

- ☐ Yes
☐ No

22. Overall, how would you rate the care you got from your VA Home Care provider(s)?

		No Contact	Poor	Fair	Good	Very Good	Excellent
Clinical Pharmacist	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietitian	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kinesiotherapist	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Doctor	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse Practitioner	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapist	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Therapist	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician's Assistant	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Therapist	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Therapist	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	➔	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY OR FRIENDS

23. How much information about your care was given to your family or friends?

- ☐ Not enough
☐ Right amount
☐ Too much
☐ Not sure
☐ No family or friends involved

FAMILY OR FRIENDS

CONT.

24. Did VA HBPC providers show consideration for your family or friends?

- ☐ Yes, always
☐ Yes, sometimes
☐ No
☐ Not sure
☐ No family or friends involved

PLEASE CONTINUE

YOUR VA HOME CARE TEAM

Your entire VA HBPC team consists of a Registered Nurse, Doctor, Nurse Practitioner, Physician's Assistant, Dietitian, Social Worker, Physical Therapist, Respiratory Therapist, Occupational Therapist, and/or Speech Therapist.

Please answer the following instructions about your entire VA HBPC team.

25. Did VA HBPC team members visit you when they said they would?

- ☐ Yes, always
- ☐ Yes, usually
- ☐ No

26. If VA HBPC team members were late or could not come, did someone telephone you to let you know?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ They were never late or couldn't come

27. Did you have trouble understanding any of the HBPC team members who came to your home because of a language problem?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

28. Were you involved in decisions about your HBPC home care as much as you wanted?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

29. Did you ever complain to someone about your HBPC home care?

- ☐ Yes, to a Patient Representative
- ☐ Yes, to a member of the VA HBPC Team
- ☐ Yes, to a VA official outside the VA HBPC Team
- ☐ Yes, to a family member or friend
- ☐ Had a complaint but did not report it
- ☐ Had no complaints

YOUR VA HOME CARE TEAM

CONT.

30. If you could have free home care outside of the VA, would you still choose to be cared for by your VA HBPC team?

- ☐ Definitely would not
- ☐ Probably would not
- ☐ Probably would
- ☐ Definitely would

31. Overall, how would you rate the quality of care you received at home from the VA HBPC team?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

YOUR HOME CARE NURSING AIDE OR HOME HEALTH AIDE

*Some veterans on HBPC may also have a **nursing aide or home health aide** come to their home. The **nursing aide or home health aide** may help you shave, shower or bathe, and help with your exercises if needed.*

32. Did you receive care at home from a nursing aide/home health aide at any time?

- ☐ Yes
- ☐ No
- ☐ I am not sure

33. The nursing aide/home health aide may be sent from the VA Medical Center or from a private agency. Where did your nursing aide/home health aide come from?

- ☐ VA
- ☐ Private agency which VA pays for
- ☐ Other private agency
- ☐ Do not remember
- ☐ Do not know where nursing aide/home health aide came from
- ☐ Did not have a nursing aide/home health aide

34. Did you have confidence and trust in the nursing aide/home health aide?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Did not have a nursing aide/home health aide

PLEASE CONTINUE

YOUR HOME CARE NURSING AIDE OR HOME HEALTH AIDE

cont.

35. Did your nursing aide/home health aide have a caring attitude?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Did not have a nursing aide/home health aide

36. Did your nursing aide/home health aide treat you with respect and dignity?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Did not have a nursing aide/home health aide

37. Overall, how would you rate the care you got from your nursing aide/home health aide?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent
- ☐ Did not have a nursing aide/home health aide

MEDICAL EQUIPMENT

Please answer the next questions about the medical equipment you may have been given by the VA for use at home.

38. Which of the following medical equipment items were given to you by the VAMC? Please choose all that apply.

- | | |
|-----------------------------------|---|
| <input type="radio"/> Cane | <input type="radio"/> Commode |
| <input type="radio"/> Crutches | <input type="radio"/> Special shower hose |
| <input type="radio"/> Walker | <input type="radio"/> IV pole |
| <input type="radio"/> Wheelchair | <input type="radio"/> Oxygen |
| <input type="radio"/> Special bed | <input type="radio"/> Other |
| <input type="radio"/> Urinal | <input type="radio"/> No other equipment needed |

39. Did someone teach you how to use the medical equipment in a way you could understand?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ Already knew; no teaching needed
- ☐ No medical equipment needed

40. Did someone teach your family or friends how to use the medical equipment in a way they could understand?

- ☐ Yes, completely
- ☐ Yes, somewhat
- ☐ No
- ☐ No teaching needed
- ☐ No family or friends involved
- ☐ No medical equipment needed

41. How long did it take for your medical equipment to be delivered?

- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-14 days
- ☐ 15-30 days
- ☐ More than 30 days
- ☐ No medical equipment needed

42. How long do you think it is reasonable to wait for medical equipment to be delivered?

- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-14 days
- ☐ 15-30 days
- ☐ More than 30 days

43. Did the medical equipment work properly?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ No medical equipment needed

44. Would you know who to call at the VA if you had problems with your medical equipment?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ No medical equipment needed

45. If you had a problem with your medical equipment, how long did you wait for it to be taken care of?

- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-14 days
- ☐ 15-30 days
- ☐ More than 30 days
- ☐ No problem with my medical equipment
- ☐ No medical equipment needed

PLEASE CONTINUE

46. How long do you think it is reasonable to wait for a problem with your medical equipment to be taken care of?

- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-14 days
- ☐ 15-30 days
- ☐ More than 30 days

BACKGROUND INFORMATION

47. Overall, how would you rate your health?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

48. What was the last year of school you completed?

- ☐ Did not complete High School
- ☐ High School graduate or GED
- ☐ Some college
- ☐ College graduate or beyond

49. What kind of assistance did the Veteran need in completing this survey? (fill in all that apply)

- ☐ Help reading the questions
- ☐ Help understanding the questions
- ☐ Help remembering what happened
- ☐ Help deciding on an answer
- ☐ Help marking the answers
- ☐ Survey completed entirely by someone other than the Veteran
- ☐ No help needed

50. Who provided the help?

- ☐ Spouse, other family member, or friend
- ☐ Member of the VA HBPC Team
- ☐ Other
- ☐ No help needed

COMMENTS

51. If you could change one thing about your VA HBPC home care what would it be?

Thank you for taking the time to answer this survey about your HBPC. You may send your survey back in the envelope that came with the questionnaire. No stamp is necessary; postage has already been paid.